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						(Date)
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/523,490 02/23/2005 Katarzyna Leijten-Nowak NL 020827 4904 TITLE OF INVENTION: RECONFIGURABLE ELECTRONIC DEVICE HAVING INTERCONNECTED DATA STORAGE DEVICES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	08/17/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
CRAWFORD, JASON		2819		326-041000	-	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTOSB/12.2) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOSB/147. Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the pastent front page, list (1) the names on the 10 see ignored patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed.			
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a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the lss Publication Fee (if required) ords of the United States Pat	2) 37 CFR 1.27.	☐ b. Applie	cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg	LL ENTITY status. See 37 C	FR 1.27(g)(2).
Authorized Signature	/DAVID BARNES/		17 JULY 2006 Date			
Typed or printed name _	Typed or printed nameDavid BARNES		Registration No. 47, 407			
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